

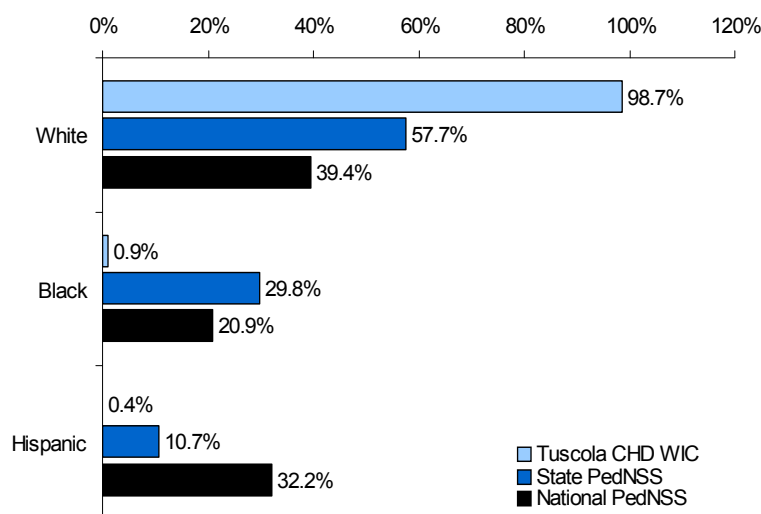
2003 WIC Local Agency Pediatric Nutrition Surveillance System (PedNSS) Report

The goal of Michigan WIC is to improve the health outcome of low income nutritionally at-risk women and children by providing supplemental nutritious foods, offering nutrition education/counseling, breastfeeding support, and referral to other health and social services. This report is developed to provide specific local information regarding the health and nutritional status of WIC participants. In order to provide local statistics stratified by age and race/ethnicity, three-year averages were calculated for each health indicator. Consequently, point estimates represent the incidence or prevalence of an indicator between the years 2001 and 2003. Trends were constructed using rolling averages and cover the period between 1998 and 2003.

Tuscola County had, according to the 2000 U.S. Census, 58,266 residents, 6.2% of which were under the age of five years old. In 2000, approximately one in ten of those residents (10.6%) lived below poverty. WIC services are provided by the Tuscola County Health Department (Tuscola CHD). Tuscola CHD WIC served 1,560 of all infants and children participating in Michigan WIC in 2003. Information about WIC infants and children served by Tuscola CHD WIC showed:

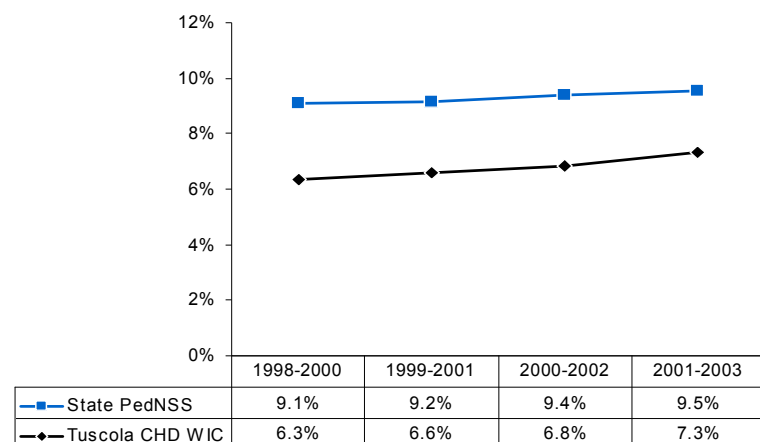
- 7.3% of infants were low birthweight and 9.9% were high birthweight;
- 6.85 of infants and children under five year old were short in stature;
- Among infants and children under the age of two years old the prevalence of underweight was 4.4%;
- 13.7% of children two to five years old were overweight and an additional 16.1% were at risk for overweight;
- Less than 10% of infants and children under five years old (6.9%) had iron deficiency anemia;
- Over half of infants (54.6%) were ever breastfed.

Figure 1. **Racial/ethnic distribution** among infants and children under five years old under five years old, 2001-2003 PedNSS



The vast majority (98.7%) of Tuscola CHD WIC infants and children under five years old were non-Hispanic White. Consequently, this report will not show statistics for health/nutritional indicators stratified by race/ethnicity.

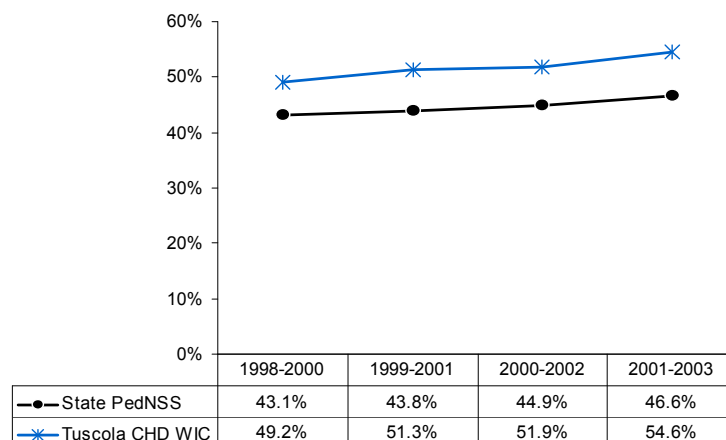
Figure 2. Local and state trends in **low birthweight*** among infants in the Tuscola CHD WIC, 1998-2003 MI PedNSS



*Low birthweight is defined as having a birthweight less than 2500 grams (5lbs 9 oz) regardless of gestational age.

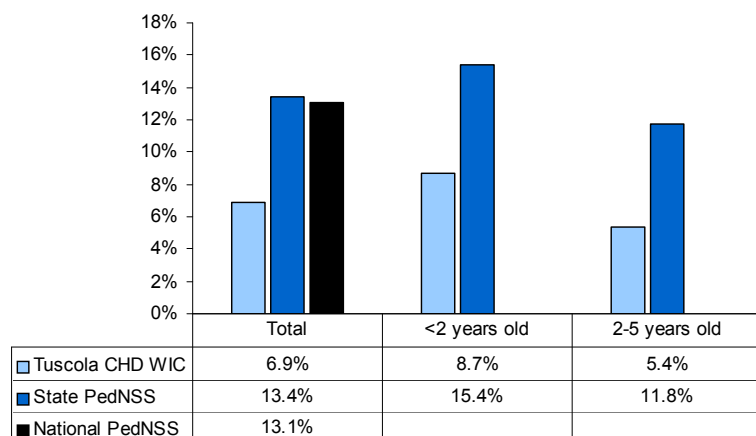
The incidence of infants who were low birthweight increased in Tuscola CHD WIC by an average of 5.1% per year.

Figure 3. Local and state trends in **ever breastfed** among infants in Tuscola CHD WIC, 1998-2003 PedNSS



The trend of ever breastfed was consistently higher among Tuscola CHD WIC infants compared to their state peers.

Figure 4. Average prevalence of **iron deficiency anemia*** by age among infants and children under five years old, 2001-2003 PedNSS

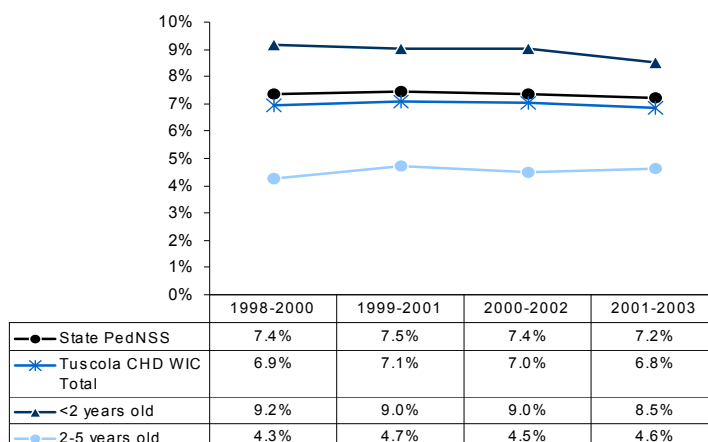


*For infants under the age of one year, iron deficiency anemia is defined as having either a hemoglobin concentration of 11.0 g/dL or a hematocrit level of less than 33%. For children two to five years old, iron deficiency anemia is defined as having either a hemoglobin concentration less than 11.1 g/dL or a hematocrit level below 33.3%.

Even when stratified by age group, the prevalence of iron deficiency anemia was lower among Tuscola CHD WIC infants and children under five years old than state WIC infants and children.

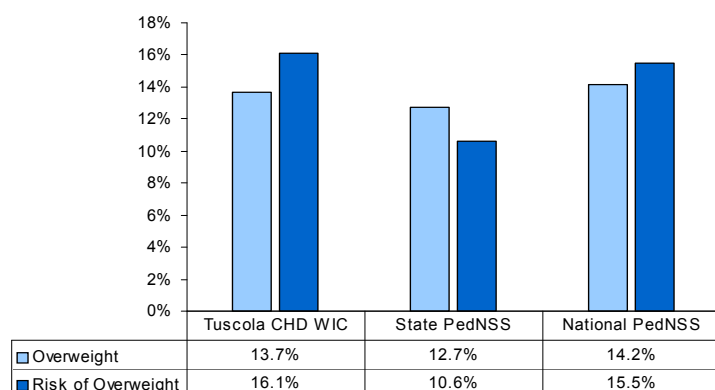
Between 1998-2000 and 2001-2003, the trend in short stature decreased by an average of 2.5% among Tuscola CHD WIC infants and children under the age of two years old.

Figure 5. Trend in **short stature*** by age group among infants and children under five years old, 1998-2003 MI PedNSS



*Short stature is defined as having a height-for-age below the 5th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

Figure 6. State and local average prevalences of **overweight*** and **risk of overweight**** among children two to five years old, 2001-2003 PedNSS



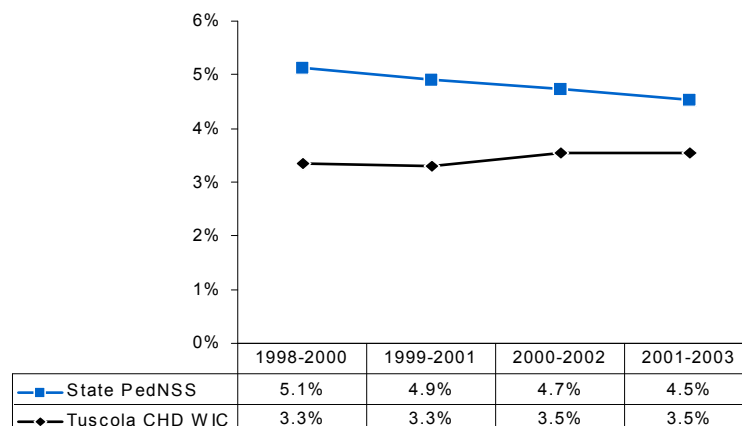
Tuscola CHD WIC children, two to five years old, have a prevalence of risk of overweight higher than their state and national counterparts.

*Overweight is defined as having a weight-for-height greater than the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

**Risk of overweight is defined as having a weight-for-height between the 85th and the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

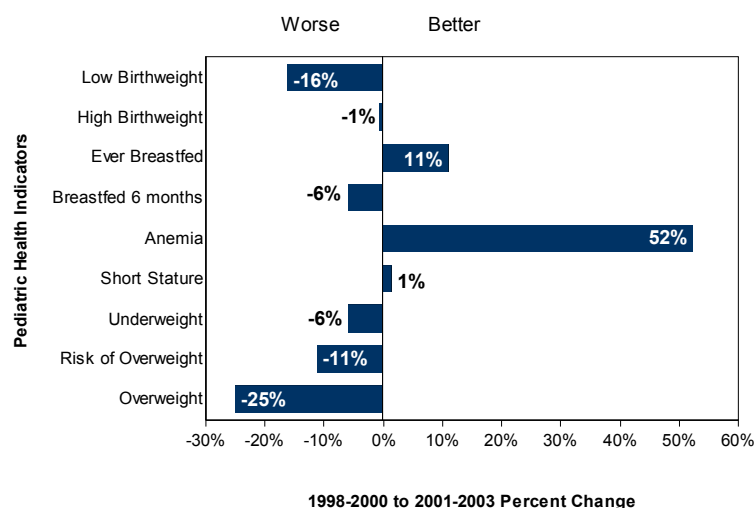
The trend of underweight in Tuscola County WIC infants and children under five years old increased approximately 2.0% per years since 1998.

Figure 7. Local and state trends in **underweight*** among infants and children under five years old in the Tuscola CHD WIC, 1998-2003 MI PedNSS



*Underweight is defined as having a weight-for-height less than the 5th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

Figure 8. Pediatric **health progress review** for Tuscola CHD WIC infants and children under five years old, 1998-2000 and 2001-2003 MI PedNSS



Although great progress was made in the prevalence of iron deficiency anemia in Tuscola CHD WIC, improvements are necessary in the areas of birthweight, weight, and breastfeeding to six months of age.



Jennifer M. Granholm, Governor

Janet Olszewski, Director

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Michigan Department of Community Health

WIC Program

Mission Statement

The mission of the Michigan WIC program is to improve the health outcomes and quality of life for eligible women, infants, and children by providing nutritious food, nutrition education, breastfeeding promotion, and support and referrals to health and other services. To this end:

- Delivery of services and supports are to be provided in a caring, respectful, efficient, and cost effective manner.
- Delivery of services shall be provided in a culturally competent and confidential manner.
- The WIC Program shall assure the broadest possible access to services, supports, and food.